



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

TRAUMA 3.0-435

In re Application of Carl Ekholm, Anders Jonsson, and Nils Zander

Application Number

10/646,299

Filed

August 22, 2003

For: HUMERAL NAIL

Art Unit

3732

Examiner

Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 28,588

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

April 19, 2004

Date

(908) 518-6318

Telephone Number

Signature

Raymond W. Augustin

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Part, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 19, 2004

Signature:

Raymond W. Augustin